

City of Savannah M/WBE Certification Renewal Affidavit

This statement is to certify that I,		, am the	primary owner or	controlling
partner of	, and have ful	l knowledge	and control of the op	perations of
the aforementioned firm and that, to the	•		•	
to the City of Savannah to support i	-	•		
Enterprise (M/WBE) is $\underline{unchanged}$.	•	•	•	
below. I also affirm that my Personal	·		· · · · ·	uding your
personal residence) as required by the	e City of Savannah M/WBE Pro	ogram and is	also stated below.	
Firm's Gross Income for previous year:		\$		
Primary Owner's Total PNW for previous year:		\$		
I further affirm that my business has Business Tax Certificate for at least or			vannah and a valid	l Savannah
Name of Business/Firm:				
Primary Owner's Email:				
Business's Physical Address:				
City/State:		Zip:		
Business Phone: Alter		rnate Phone:		
I attest that the information provided herever Business Program is true and correct. A Certification Program participation. Authorized Signature	any statement found to be false or			
	NOTARY CERTIFICATE (Must be notarized before returning	·)		
State of				
COUNTY OF:				_
Subscribed and sworn to before me the		day of	, 20	_
Signature of Notary Public				_
County of residence	Date my commission expires			

This completed form <u>must be returned</u> to the Economic Development Department. Mail notarized original to **City of Savannah Economic Development Department, PO Box 1027, Savannah, GA 31402**. You may email a copy to expedite processing, but application is not complete until original notarized copy is received.